

Original Research

Patients' perceptions of quality health services delivery in Tanzania: Engendering gaps for policy action

Emmanuel L. Tandika*

Department of Public Administration and Management, Tanzania Public Service College, Dar es Salaam, Tanzania



Abstract

Background: Patients' perceptions drive healthcare quality globally. Therefore, understanding their views on professionalism and satisfaction is crucial. A patient-centric approach is essential, offering insights into meeting their needs and expectations.

Objective: This study aimed to determine patients' perception of the quality of health service provision in Tanzanian zonal referral hospitals.

Methods: The study employed a cross-sectional design in four zonal referral hospitals in Tanzania. Data were collected using a questionnaire survey from 376 participants conveniently selected from May to June 2023. Data were analyzed using IBM SPSS version 26 for descriptive analysis and one-way ANOVA.

Results: The proficiency of care and health workers' ability to instill trust and confidence in patients and their ability and willingness to provide services accurately and reliably influenced patients' perceptions. Furthermore, personalized attention, workers' appearance, physical facilities, and other working materials increased patients' ratings of the health service delivery.

Conclusion: The proficiency of care, promptness, and accuracy of service delivery are essential components in health service provision that can influence patients' ratings. Therefore, policymakers, government, and other stakeholders should train health workers continuously to improve their competencies while ensuring the entire health system is effectively monitored.

* Correspondence:

Dr. Emmanuel L. Tandika, PhD

Department of Public Administration and Management, Tanzania Public Service College, Dar es Salaam, Tanzania
Email: msovuel2015@gmail.com

Article info

Received: 5 September 2023 | Revised: 2 October 2023 | Accepted: 2 December 2023

This is an Open Access article distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/), which allows others to remix, tweak, and build upon the work non-commercially as long as the original work is properly cited. The new creations are not necessarily licensed under the identical terms.

Keywords

Tanzania; hospitals; patient perception; quality of health care; zonal referral hospitals; patient-centered care; personal satisfaction

Background

It is globally acknowledged that quality health service provision is vital to economic growth in any nation. This was witnessed by the 'lockdown policy' adopted by many developed and developing countries during the COVID-19 pandemic when protecting individuals' health was prioritized over protecting national economies. This step signified that the health status of workers is the key determinant of a nation's productivity, hence the need to protect them. According to [Shole \(2017\)](#), the health condition of the population is the final measure of economic growth in any society. As such, governments worldwide have to ensure that their citizens are provided with quality health services.

In Africa, it is important to examine patients' perceptions of health service delivery, given the challenges facing the health sectors on the continent. For instance, the literature shows that the health sector in most African countries faces many challenges, including ineffective integration of health service provision with limited resources and use, poor leadership and management, limited access to health services, inadequate budgetary allocations to the sector, a shortage of trained health workers in hospitals and poor communication and transport infrastructures ([Mahmoud et al., 2019](#); [Musyoka et al., 2016](#); [Swere, 2016](#)).

Other challenges include shortages of human resources for health, compounded by a 'brain drain' where well-trained health specialists move from Africa to Europe, the Middle East, North America, the USA, Germany, and other countries abroad to seek greener pastures ([Oleribe et al., 2019](#)). For instance, 51 percent of Zimbabwean physicians and 24 percent of Zimbabwean nurses were estimated to be working abroad in 2008 ([Clemens & Pettersson, 2008](#)). About 265 general practitioners out of 2,915 emigrated from Uganda to other countries between 2010 and 2015, producing an attrition rate of 9 percent per annum ([Omaswa et al., 2017](#)). Estimates also show that Malawi loses around 100 trained nurses annually, with more than half going to the United Kingdom. In Tanzania, 52 percent of well-trained health professionals migrated in 2006, which caused a significant loss of skills in the country ([Mills et al., 2011](#)).

The reduced number of health professionals coexists with medical tourism as many wealthier people, including political leaders, seek treatment abroad because of, among other reasons, a dilapidated healthcare system in Africa. This

phenomenon has certain socio-economic and political consequences for Africa. For instance, it is reported that more than 5000 Nigerians go abroad every month to seek treatment, which costs about 1.2 billion US dollars (Abubakar et al., 2018). In Kenya, US\$ 517,931 is lost when a medical doctor leaves the country, and US\$ 338,868 is lost when a nurse does so (Kirigia et al., 2006). Given the challenges facing the health sector in Africa, it is important to understand patients' perceptions of health services provision. Such understanding will help identify what is valued by patients, how patients perceive the quality of health service provision, and where, when, and how health service provision changes and improvements should be made to increase overall hospital service ratings. However, the existing literature shows an unclear focus on whether patients' perception influences the improvement of quality health service provision (Abubakar et al., 2018; Khamis & Njau, 2016; Swere, 2016). More research and investigations are needed to explore the relationship between patients' perceptions and the improvement of health service provision. The knowledge of patients' perceptions is an essential source of information about problems patients face when receiving health services. As Zeithaml et al. (1996) observe, understanding patients' perceptions of health service provision enables hospitals and other stakeholders to make policy adjustments to meet and maintain the standards for providing quality health services.

As part of the efforts to remedy the situation, countries such as Tanzania started health sector reforms, which were intended, among other reasons, to make health service consumers and providers satisfied with the quality of the services and to improve the performance of the health system. Thus, to achieve this objective, zonal referral hospitals were prioritized within health service provisions and equipped with health specialists and services unavailable in lower-level hospitals to provide quality health services to meet patients' needs and expectations. The government also started rehabilitating the hospitals and modernizing their operations to deliver quality services and support teaching and research (Muhondwa et al., 2008).

The 2009-2015 Health Sector Strategic Plan shows that zonal referral hospitals aim to be easily reachable for patients requiring advanced care, establishing a quality assurance unit to enhance service quality and optimize human resource management for improved overall performance. The hospitals are also responsible for supporting other hospitals in their respective zones and becoming centers for training health professionals. The government viewed a performance-based system as essential for enhancing the motivation and productivity of healthcare workers. This included ongoing professional development to keep them updated in knowledge, skills, and competencies. Additional incentives such as annual salary increments, flexible work schedules,

and housing for higher-level health workers were introduced to motivate and commit healthcare workers further. The goal was to achieve excellence in performance, expecting hospitals to deliver quality health services that would positively impact patient ratings.

However, despite these efforts, reports indicate that zonal referral hospitals struggle to offer quality healthcare. Evidence includes overcrowding in areas like laboratories, pharmacies, and wards. Patients endure long waits to see doctors due to imbalances in patient-doctor ratios (Khamis & Njau, 2016; Sirili et al., 2014). Factors such as limited career development, inconsistent financial incentives for health workers, fixed budgets, and extended working hours hinder the delivery of quality healthcare (Manzi et al., 2012). Literature also highlights health workers' lack of motivation and commitment due to inadequate resources, insufficient performance assessment and feedback, limited involvement in decision-making, and a general lack of concern for workers' welfare by hospital management (Ishijima et al., 2021; Swere, 2016).

In addition, some patients the hospitals serve have had experience with quality health services in other countries and continuously demand quality health services. In order for them to remain competitive and sustainable, the service providers need to identify patients' perceptions of the services they provide and the problems that patients face. That knowledge is crucial for developing effective policies and plans to improve service quality and address patient issues. Oyatoye et al. (2016) opined that patients' perception of service delivery is an essential source of information about problems patients face when receiving health services. This indicates that understanding patients' perceptions of the quality of health services enables hospital management to revise, redesign, and repackage hospital operations and tailor the services provided to meet patients' needs. Hospital management can invest and use their limited resources to enhance the quality of health services. Patients' dissatisfaction with the services could result in a negative image of the hospitals, influencing patients' ratings. This can snowball into negative attitudes among patients and cause them to seek treatment elsewhere, including reverting to traditional medicines, which may increase morbidity and mortality rates among patients. Despite the abundance of published studies on hospital management and the provision of quality health services, there is a dearth of research studying patients' perceptions of health service provision and its influence on improving the quality of health services. This study seeks to measure patients' perception of the quality of health service provision to identify areas for improvement and, therefore, increase patients' satisfaction.

Parasuraman et al. (1985) developed a model, which they called SERVQUAL, to measure service provision. Initially, the model was based on ten dimensions: reliability, responsiveness, competence, access, courtesy, communication, credibility, security, customer understanding, and tangibility. However, in 1988, the model was modified whereby the number of dimensions was reduced from 10 to 5, namely, responsiveness, reliability, tangibility, assurance, and empathy, because an overlap had been noted in the original dimensions. Since 1990, scholars have used the model to measure patients' perceptions of service delivery in different situations because of its comprehensiveness and practical applicability (Oyatoye et al., 2016). Other scholars have used the model to analyze the perceptual gap in understanding patients' expectations of healthcare practitioners (Abuosi, 2015; Bakar et al., 2008; Karassavidou et al., 2009; Mahmoud et al., 2019). The model was adopted in this study because its dimensions provide a standardized analysis procedure, which helps interpret results. However, the instrument was modified to suit the nature of the specific services in Tanzania.

This study used the SERVQUAL model to assess patients' perceptions of health service delivery based on its five quality dimensions: responsiveness, reliability, tangibility, assurance, and empathy. Responsiveness refers to the willingness of employees to offer quick services and aid customers. Reliability identifies the employees' ability to provide services reliably, accurately, and in a timely manner. Tangibility refers to the availability of infrastructures, tools, and staff appearance. Assurance refers to employees' knowledge, politeness, and capacity to instill patient trust and confidence. Empathy is the act of caring for and the individualized attention given to customers.

In this study, perception means the process whereby human thinking is influenced by information received about a specific phenomenon from outside the environment through sensations that affect individuals' decisions and actions. According to Qiong (2017), perception can be positive or negative. Positive perception is someone's judgment of a particular phenomenon per their positive expectations, while negative perception refers to someone's judgment of a certain phenomenon being opposed to their positive expectations. Therefore, patient's perceptions of the quality of health service delivery are influenced by the expectations and experiences developed during interactions between patients and health workers. Grönroos (1984) believes that patients' perceptions of service delivery result from the treatment patients receive and how they interact with health workers. This signifies that patients' perceptions of service provision are influenced by their comparisons between what they expect and what they get. According to Oyatoye et al. (2016), patients' perceptions are an essential source of information for identifying problems and developing effective

plans to improve health service quality. Thus, there is a need to investigate patients' perceptions of the quality of health service provision based on patients receiving treatment in order to enhance the development of the health sector through research-driven policies, plans, and actions emanating from studies of this nature. This study aimed to determine patients' perception of the quality of health service provision in Tanzanian zonal referral hospitals.

Methods

Study Design

A cross-sectional study design was used in this study to collect data from both in-patients and out-patients.

Samples/Participants

Stratified random sampling was used to identify two patient groups (in-patients and out-patients). A convenience sampling technique was employed to select the participants from Muhimbili National Hospital, Mbeya Referral Hospital, Bugando Medical Centre, and Kilimanjaro Christian Medical Centre. These hospitals were chosen because they are the top providers of health services in Tanzania, and as such, they provide services and clinical support supervision to the lower-level hospitals in their respective zones.

According to the Ministry of Health and Social Welfare Staffing Levels 2014-2019, each hospital serves more than 10,000 patients annually, making a total of 40,000 patients for the four hospitals surveyed ([Ministry of Health and Social Welfare, 2014](#)). Thus, the sample size was calculated using Yamane's formula $s = \frac{n}{1 + n} (e)^2$, obtaining a sample size 396. Therefore, 396 copies of a questionnaire were distributed to them. Three hundred seventy-six copies were completed and returned to the researcher, making a 94.9 percent response rate. The questionnaire contained closed-ended questions and was written in the Kiswahili language. The data was then translated into English. A 5-point Likert scale was used, from 1 (strongly disagree) to 5 (strongly agree).

The study included patients aged 18 and above, patients admitted to the hospitals, and those discharged during data collection. Patients who visited the hospitals more than once and those who attended clinics were also included in the sample. The study excluded patients who were in the intensive care units (ICU), patients suffering from a heart attack and mental illnesses, critically ill patients, children, and those who were unable to communicate easily because of being ill. Also excluded were patients visiting the hospitals for the first time at the time of data collection because it was assumed that they did not have enough information about and experience of the health service provision in the hospitals.

Instruments

The questionnaire was selected due to validity, open access, and ease of filling. The questionnaire was modified from an assessment tool of service quality (SERVQUAL) developed by [Parasuraman et al. \(1988\)](#) and other previous studies ([Mahmoud et al., 2019](#); [Oyatoye et al., 2016](#)) to suit the study's context. The questionnaire contained closed-ended questions. Each question was measured on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Adding up the points provides the final result. To ensure the validity of the instrument, the researcher's construction was based on previous studies ([Mahmoud et al., 2019](#); [Oyatoye et al., 2016](#); [Parasuraman et al., 1988](#)). Furthermore, hospital administration experts were consulted to verify the alignment between the instrument's intended constructs and the observed measurements. Additionally, a pilot test ensured comprehensive coverage of study themes and variables and question clarity. To evaluate questionnaire reliability, Cronbach's alpha was computed for each variable, demonstrating internal consistency. The study's Cronbach's alpha coefficients fell between 0.842 and 0.943 ([Table 1](#)), meeting the acceptable range recommended by [Hair et al. \(2014\)](#) and [Anderson and Gerbing \(1988\)](#).

Table 1 Reliability test results

Variable	Number of items	Cronbach's Alpha
Responsiveness	8	0.943
Reliability	8	0.894
Tangibility	10	0.842
Assurance	6	0.926
Empathy	6	0.874
Total	38	0.892

Data Collection

Data were collected by the researchers using a questionnaire survey from May to June 2023.

Data Analysis

IBM SPSS version 26 was used to analyze descriptive statistics and one-way ANOVA. The study adopted the mean categories proposed by [Oxford and Burry-Stock \(1995\)](#) to determine perceptions of service delivery. Mean scores ranging from 1 to 2.4 were considered low, those ranging from 2.5 to 3.4 were considered medium, and those ranging from 3.5 to 5.0 were considered high.

Ethical Considerations

Approval to conduct the study was granted by the institutions involved. Before administering the questionnaire, participants were briefed on the research's aim and possible advantages, respecting the principle of voluntary consent and their willingness to participate in the study. A written informed consent was obtained from participants. Confidentiality and anonymity were ensured, as participants were not required to disclose their names.

Results

Respondents' Demographic Characteristics

In total, 376 respondents participated in this study. The findings in [Table 2](#) indicate that the majority were below 45 years of age. Among them, 51.9 percent were female, while 48.1 percent were male. Their educational backgrounds varied from primary to secondary school. The majority had diplomas, followed by those with certificate-level education and, finally, degree holders.

[Table 2](#) Respondents' demographic characteristics

Demographic aspect	Category	f	%
Age	Below 20 years	28	7.4
	21 -35 years	147	39.1
	36 - 45 years	86	22.9
	46 - 55 years	55	14.6
	Above 55 years	60	16.0
	Total	376	100.0
Sex	Male	181	48.1
	Female	195	51.9
	Total	376	100.0
Level of Education	PhD	6	1.6
	Master's degree	6	1.6
	Bachelor's degree	69	18.4
	Diploma	95	25.3
	Certificate	93	24.7
	Secondary school education	40	10.6
	Primary school education	67	17.8
	Total	376	100.0

Descriptive Statistics of Measurement Scales

[Table 3](#) shows that there was a statistically significant difference in patient perceptions of the quality of health services delivery with respect to responsiveness ($p = 0.019$), reliability ($p = 0.009$), and tangibility ($p = 0.010$). However, no statistically significant differences were found for assurance and empathy.

Table 3 Differences in the respondents' perceptions of the quality of health service delivery

Source	Type III Sum of Squares	df	Mean Square	F	p
Responsiveness	63.341	31	2.043	1.641	0.019
Error	428.361	344	1.245		
Total	2514.000	376			
Reliability	57.206	25	2.288	1.843	0.009
Error	434.497	350	1.241		
Total	2514.000	376			
Tangibles	68.305	32	2.135	1.729	0.010
Error	423.397	343	1.234		
Total	2514.000	376			
Assurance	24.203	22	1.100	0.831	0.687
Error	467.499	353	1.324		
Total	2514.000	376			
Empathy	11.758	17	0.692	0.516	0.945
Error	479.944	358	1.341		
Total	2514.000	376			

The mean scores used to describe patients' perceptions ranged from 2.05 to 3.84. This means that patients' perceptions of the quality of health service delivery varied across the items measured. These mixed mean scores suggest that certain aspects of the construct were positively perceived and that others were negatively perceived. On responsiveness, the results indicate that the hospital workers were polite when communicating with patients, spent a reasonable amount of time listening to a patient's illness, and treated patients with special care needs in a timely manner. However, the participants mentioned that the hospitals were understaffed, while the number of patients was very large. As a result, there was limited access to doctors and specialists (Table 4).

Table 4 Respondents' perceptions of health service delivery regarding responsiveness

Construct	Code	Item description	M	SD
Responsiveness	R1	Inadequate workers.	3.56	1.240
	R2	It is difficult to get services because of the large number of patients.	3.55	1.183
	R3	Health services are provided at a convenient time.	2.49	1.329
	R4	Workers spend a reasonable amount of time listening to patients' illnesses.	2.76	1.311
	R5	Access to doctors and specialists is easy and timely.	2.27	1.351
	R6	Workers use polite language in communicating with patients.	3.06	1.390
	R7	Patients with special care needs are treated in a timely manner.	2.75	1.240
	R8	There is no confidentiality with respect to patients' records.	2.05	1.025

With respect to reliability, the highest mean results indicate that workers informed patients when services would be provided and, on most occasions, provided the services promptly. They spent a reasonable amount of time answering patients' questions regarding their treatment and showed sincere interest in solving patients' problems. They maintained error-free services and discharged patients on time to reduce overcrowding. However, the mean results indicate that the diagnosis and treatment of patients, laboratory tests, and results

were not provided on time, which delayed the provision of further health services (Table 5).

Table 5 Respondents' perceptions of health service delivery regarding reliability

Construct	Code	Item description	M	SD
Reliability	RL1	Workers always answer patients' questions or deal with their anxieties regarding treatment.	3.61	1.085
	RL2	Workers normally inform patients when the services will be provided and, on most occasions, give the services promptly.	3.62	1.111
	RL3	Workers show sincere interest in solving patients' problems.	3.42	1.419
	RL4	Workers always maintain error-free services.	3.14	1.145
	RL5	Patients are discharged on time to reduce overcrowding.	3.59	1.044
	RL6	Health records are provided on time.	2.60	1.081
	RL7	Diagnosis and treatment of patients occur on time.	2.25	1.498
	RL8	Laboratory tests and results are provided on time.	2.05	1.247

With regard to tangibility, the highest mean results indicate that workers' appearances were neat. Their neatness was also reflected in the cleanliness of cabins, corridors, washrooms, and wards, which were considered hygienic and well-ventilated. In addition, patients with special-care needs were provided with support facilities such as wheelchairs for easy movement. However, the respondents indicated that these hospitals had few beds and wards while being given large numbers of patients (Table 6).

Table 6 Respondents' perceptions of service delivery regarding tangibility

Construct	Code	Item description	M	SD
Tangibles	T1	The hospital has the necessary medical equipment.	2.74	1.130
	T2	The hospital has adequate medicine/drugs.	3.22	1.304
	T3	The hospital does not have enough health professionals.	3.75	1.299
	T4	The hospital does not have enough beds and wards.	3.81	1.245
	T5	Workers do not have enough working tools and equipment.	3.44	1.214
	T6	Workers are always neat.	3.66	1.260
	T7	Cabins, corridors, and washrooms are cleaned regularly.	3.52	1.356
	T8	Hospital wards are hygienic and well-ventilated.	3.65	1.056
	T9	Patients with special-care needs are given support facilities like wheelchairs.	3.68	1.029
	T10	Workers respond to patients' new demands and priorities quickly.	2.68	1.109

With respect to assurance, the respondents mentioned that the health care workers always worked hard and were trusted by patients. They diagnosed patients' illnesses thoroughly and prescribed appropriate medication. They were courteous towards patients and treated patients with special-care needs in a timely manner. However, the respondents indicated that it was not easy to meet doctors and specialists, given the large number of patients (Table 7).

Regarding empathy, the respondents indicated that workers had a warm and caring attitude, gave patients personal attention, and had their best interests at heart. They were polite when communicating with patients and eager to solve

their problems. The respondents also pointed out that the workers instilled confidence and trust in the patients (Table 8).

Table 7 Respondents' perceptions of service delivery regarding assurance

Construct	Code	Item description	M	SD
Assurance	A1	Workers always work hard and show trust to patients.	3.84	1.148
	A2	Workers diagnose patients' illnesses thoroughly.	3.74	1.143
	A3	It is difficult to see doctors/specialists.	3.80	1.140
	A4	Workers prescribe appropriate medication.	3.49	1.296
	A5	Workers are always courteous towards patients.	3.81	1.159
	A6	Patients with special-care needs are treated timely.	3.57	1.235

Table 8 Respondents' perceptions of service delivery regarding empathy

Construct	Code	Item description	M	SD
Empathy	E1	Workers give patients personal attention and have their best interests at heart.	3.74	1.105
	E2	Workers use polite language when communicating with patients.	3.38	1.415
	E3	Workers have a warm and caring attitude towards patients.	3.81	1.002
	E4	Workers are always eager to solve patients' problems.	3.39	1.320
	E5	Workers are sympathetic to patients' needs and problems.	3.43	1.261
	E6	Workers instill confidence and trust in patients.	3.29	1.408

Discussion

This study investigated patients' perceptions of the quality of health service delivery with respect to the five quality dimensions of responsiveness, reliability, tangibility, assurance, and empathy in four zonal referral hospitals in Tanzania. The findings of the study revealed that there was a significant difference in patients' perceptions of the quality of health service provision in the four zonal referral hospitals studied.

Additionally, the findings showed that the patients perceived some aspects of the provision positively and others negatively. These disparities signify that the patients had specific concerns about many areas with respect to the health service provision process that influenced their perceptions. For instance, the findings revealed that proficiency of care, medical practitioners' ability to instill trust and confidence in patients, as well as their ability and willingness to provide the services accurately and independently influenced the patients' ratings positively. This implies that knowledgeable, competent, committed, and experienced health workers positively impact patients' perceptions of service delivery.

Furthermore, the findings suggest that the professionalism shown by workers in addressing patients' problems, their ability to handle patients' complaints, and their conduct while serving patients enhanced patients' trust and confidence, thereby increasing the patients' ratings. According to [Mahmoud et al. \(2019\)](#), in service provision, confidence is influenced by patients' trust in the competence of staff and their ability to understand their problems. Thus, [Ramez \(2012\)](#) opined

that more capable and proficient health workers can handle various medical cases accurately and reliably, thereby increasing patients' ratings while at the same time influencing patients' willingness to recommend the services to others.

The findings revealed a good rapport between the patients and the health workers. This signifies that an excellent worker-patient relationship, particularly regarding explaining health conditions, diagnosis, and treatment in a clear, articulate, and understandable manner, also increases patients' ratings. The health workers' attitudes, commitment, and sensitivity to patients' issues improved their relationships, influencing patients' perception of service delivery. This aligns with [Ramez \(2012\)](#), who opined that a good relationship between health workers and patients affects patients' perception of service provision.

In this study, the appearance of the personnel, the cleanliness, and the improvement of physical facilities were also highly rated. This implies that patients' perceptions of service delivery are not only influenced by the highest possible medical outcomes but also by how a service is delivered and the way tools and equipment are used. Therefore, the high patient ratings reflected the patients' emotions, feelings, and attitudes towards various aspects of health service provision. This finding is similar to the findings of studies by [Oyatoye et al. \(2016\)](#) and [Alghamdi \(2014\)](#). It means that the appearance of facilities, the neatness of the buildings, the décor in the wards, the appearance of workers, and the proficiency of care are essential components in health service provision that may impact patients' ratings. According to [Grönroos \(1984\)](#), the appearance of physical facilities, employees, and working materials may make patients perceive the services provided positively.

The findings also showed that the workers had a warm and caring attitude towards patients, that they gave personalized attention, diagnosed patients' illnesses thoroughly, and prescribed appropriate medication. This signifies that patients were satisfied with how they were served. Satisfied customers are likely to have a positive opinion about a facility and, thus, continue to use it ([Oyatoye et al., 2016](#)). It also implies that, when it comes to health service provision, patients pay attention to the competence of workers, the availability of drugs and equipment, the appearance of workers and buildings, and the attention they receive from health workers ([Rosenthal & Shannon, 1997](#)). Therefore, hospital management, doctors, nurses, and other medical practitioners need to work together and respond to patients' needs while giving personalized attention to patients, as this may increase patients' ratings of health service provision.

Furthermore, the patients mentioned that the zonal referral hospitals had insufficient beds and wards. The large number of patients made it difficult for them to see doctors and specialists on time, resulting in delayed diagnoses and

patients' treatments. This situation lowered patients' ratings of the hospitals. Furthermore, it made it difficult for workers to provide quality health services. For instance, heavy workloads result in health workers treating a large number of patients in congested and stressful working environments. Prior studies have shown that such situations may affect health workers and patients (Aikins et al., 2014; Bremnes et al., 2018; Swere, 2016).

Implications and Recommendations

The findings show that health workers' proficiency in care and ability to diagnose and treat patients accurately, promptly, and reliably enhance patients' ratings. Therefore, hospital management needs to train their workers continuously to increase their knowledge, skills, and competencies. More importantly, attention needs to be given to interpersonal skills, including customer care, listening to patients' problems effectively, giving individualized attention, communicating well, and responding to patients' requests kindly and promptly.

In particular, the findings reinforce the need for hospital management to build an appointment system to reduce overcrowding and waiting times. This would enable hospitals to pay more attention to patients' problems, provide health services in a timely manner, and pay special attention to patients' treatment. As a result, patients' ratings should improve.

Management should also prioritize communication skills. When doctors, nurses, and other health workers answer patients' questions clearly, feelings of uncertainty are reduced; instead, patients feel more positive, which may result in higher patient ratings. Additionally, the government should recruit more competent staff, train the available staff, and increase hospital infrastructures so that they are able to meet the increasing demand for services. In addition, investments should be made in high-tech tools and equipment in the regional and district hospitals so that they can deal with emerging but complicated issues, such as the COVID-19 pandemic. This will help to reduce the number of patient referrals and give more time to health workers per patient at the zonal referral hospitals, thus increasing patients' ratings. The researchers recommend conducting regular customer surveys of this nature so that the hospitals' management can understand patients' perceptions of service provision and make an effort to meet their needs, thereby increasing patients' ratings.

Conclusion

The way patients view the delivery of health services significantly affects how those services improve. Hospitals must understand that what they see as excellent healthcare might not align with patients' views. Therefore, assessing

how patients perceive the quality of healthcare is crucial to pinpoint any gaps in perception. Patients' evaluations highlight the pressing concern for healthcare quality today. Consequently, actions are necessary from hospital management, the government, and other involved parties to address shortcomings in the quality of care in Tanzanian zonal referral hospitals. While the research revealed the impact of patient perceptions on healthcare quality at the zonal level, it suggests a need for further studies at lower levels to investigate this influence.

Declaration of Conflicting Interest

The author declares no competing financial, professional, or personal interests that might have influenced the presentation of the work described in this manuscript.

Funding

None.

Acknowledgment

None.

Authors' Contributions

ELT is the sole author for this study.

Authors' Biographies

Dr. Emmanuel L. Tandika, PhD is a Lecturer in the Department of Public Administration and Management at the Tanzania Public Service College (TPSC). His research interests include Strategic Human Resource Management, Public Administration, Employment and organizational performance, Services Management, Small Business Management, Hospital Management, Development, and Gender.

Data Availability Statement

Data were available upon request to the corresponding author.

Declaration of the Use of AI in Scientific Writing

None declared.

References

Abubakar, M., Basiru, S., Oluyemi, J., Abdulateef, R., Atolagbe, E., Adejoke, J., & Kadiri, K. (2018). Medical tourism in Nigeria: Challenges and remedies to health care system development. *International Journal of Development and Management Review*, 13(1), 223-238.

Abuosi, A. A. (2015). Patients versus healthcare providers' perceptions of quality of care: Establishing the gaps for policy action. *Clinical Governance: An International Journal*, 20(4), 170-182. <https://doi.org/10.1108/CGIJ-03-2015-0010>

Aikins, I., Ahmed, M., & Adzimah, E. D. (2014). Assessing the role of quality service delivery in client choice for healthcare: A case study of bechem government hospital and green Hill Hospital. *European Journal of Logistics Purchasing and Supply Chain Management*, 2(3), 1-23.

Alghamdi, F. S. (2014). The impact of service quality perception on patient satisfaction in Government Hospitals in Southern Saudi Arabia. *Saudi Medical Journal*, 35(10), 1271-1273.

Anderson, J. C., & Gerbing, D. W. (1988). Structural equation modeling in practice: A review and recommended two-step approach. *Psychological Bulletin*, 103(3), 411-423. <https://doi.org/10.1037/0033-2909.103.3.411>

Bakar, C., Seval Akgün, H., & Al Assaf, A. F. (2008). The role of expectations in patient assessments of hospital care: an example from a university hospital network, Turkey. *International Journal of Health Care Quality Assurance*, 21(4), 343-355. <https://doi.org/10.1108/09526860810880144>

Bremnes, H. S., Wiig, Å. K., Abeid, M., & Darj, E. (2018). Challenges in day-to-day midwifery practice; a qualitative study from a regional referral hospital in Dar es Salaam, Tanzania. *Global Health Action*, 11(1), 1453333. <https://doi.org/10.1080/16549716.2018.1453333>

Clemens, M. A., & Pettersson, G. (2008). New data on African health professionals abroad. *Human Resources for Health*, 6(1). <https://doi.org/10.1186/1478-4491-6-1>

Grönroos, C. (1984). A service quality model and its marketing implications. *European Journal of Marketing*, 18(4), 36-44. <https://doi.org/10.1108/EUM0000000004784>

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis* (7th ed.). Essex: Pearson.

Ishijima, H., Suzuki, S., Masaule, F., Mlay, V., & John, R. (2021). Measuring hospital performances of regional referral hospitals in Tanzania. *Journal of Hospital Administration*, 10(2), 1-11. <https://doi.org/10.5430/jha.v10n2p1>

Karassavidou, E., Glaveli, N., & Papadopoulos, C. T. (2009). Quality in NHS hospitals: No one knows better than patients. *Measuring Business Excellence*, 13(1), 34-46. <https://doi.org/10.1108/13683040910943036>

Khamis, K., & Njau, B. (2016). Health care worker's perception about the quality of health care at the outpatient department in Mwananyamala Hospital in Dar es Salaam, Tanzania. *Tanzania Journal of Health Research*, 18(1), 1-9. <https://doi.org/10.4314/thrb.v18i1.5>

Kirigia, J. M., Gbary, A. R., Muthuri, L. K., Nyoni, J., & Seddoh, A. (2006). The cost of health professionals' brain drain in Kenya. *BMC Health Services Research*, 6, 89. <https://doi.org/10.1186/1472-6963-6-89>

Mahmoud, A. B., Ekwere, T., Fuxman, L., & Meero, A. A. (2019). Assessing patients' perception of health care service quality offered by COHSASA-accredited hospitals in Nigeria. *SAGE Open*, 9(2), 2158244019852480. <https://doi.org/10.1177/2158244019852480>

Manzi, F., Schellenberg, J. A., Hutton, G., Wyss, K., Mbuya, C., Shirima, K., Mshinda, H., Tanner, M., & Schellenberg, D. (2012). Human resources for health care delivery in Tanzania: A multifaceted problem. *Human Resources for Health*, 10(3). <https://doi.org/10.1186/1478-4491-10-3>

Mills, E. J., Kanters, S., Hagopian, A., Bansback, N., Nachega, J., Alberton, M., Au-Yeung, C. G., Mtambo, A., Bourgeault, I. L., & Luboga, S. (2011). The financial cost of doctors emigrating from sub-Saharan Africa: Human capital analysis. *BMJ*, 343. <https://doi.org/10.1136/bmj.d7031>

Ministry of Health and Social Welfare. (2014). *Human resource for health strategic plan 2014-2019*. Dar es Salaam, Tanzania: Ministry of Health and Social Welfare.

Muhondwa, E. P. Y., Leshabari, M. T., Mwangu, M., Mbembati, N., & Ezekiel, M. J. (2008). Patient satisfaction at the Muhimbili national hospital in Dar Es Salaam, Tanzania. *East African Journal of Public Health*, 5(2), 67-73.

Musyoka, S. T., Ochieng, I., & Nzioiki, P. M. (2016). Factors affecting provision of quality service in the public health sector: A case of Nyahururu district hospital, Kenya. *International Journal of Management and Economics Invention*, 2(9), 852-896.

Oleribe, O. O., Momoh, J., Uzochukwu, B. S. C., Mbofana, F., Adebiyi, A., Barbera, T., Williams, R., & Taylor-Robinson, S. D. (2019). Identifying key challenges facing healthcare systems in Africa and potential solutions. *International Journal of General Medicine*, 12, 395-403. <https://doi.org/10.2147/IJGM.S223882>

Omaswa, F., Kadama, P., Eriki, P., Odedo, R., Gidudu, H. E., Sentongo, K., & Lwoto, A. (2017). *Brain drain to brain gain – health workforce migration: A case study of general practitioners in Uganda*. Uganda: African Centre for Global Health and Social Transformation.

Oxford, R. L., & Burry-Stock, J. A. (1995). Assessing the use of language learning strategies worldwide with the ESL/EFL version of the Strategy Inventory for Language Learning (SILL). *System*, 23(1), 1-23. [https://doi.org/10.1016/0346-251X\(94\)00047-A](https://doi.org/10.1016/0346-251X(94)00047-A)

Oyatoye, E. O., Amole, B. B., & Adebiyi, S. O. (2016). Patients' perception of quality service delivery of public hospitals in Nigeria using analytical hierarchy process. *Journal of Health Management and Informatics*, 3(3), 66-73.

Parasuraman, A., Zeithaml, V. A., & Berry, L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-37.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, 49(4), 41-50. <https://doi.org/10.1177/002224298005200203>

Qiong, O. U. (2017). A brief introduction to perception. *Studies in Literature and Language*, 15(4), 18-28.

Ramez, W. S. (2012). Patients' perception of health care quality, satisfaction and behavioral intention: An empirical study in Bahrain. *International Journal of Business and Social Science*, 3(18), 131-141.

Rosenthal, G. E., & Shannon, S. E. (1997). The use of patient perceptions in the evaluation of health-care delivery systems. *Medical Care*, 35(11), NS58-NS68.

Shole, R. N. (2017). The Impacts of cost sharing in health services in Geita District, Tanzania. *Malaysian Journal of Medical and Biological Research*, 4(1), 15-24. <https://doi.org/10.18034/mjmbr.v4i1.419>

Sirili, N., Kiwara, A., Nyongole, O., Frumence, G., Semakafu, A., & Hurtig, A.-K. (2014). Addressing the human resource for health crisis in Tanzania: The lost in transition syndrome. *Tanzania Journal of Health Research*, 16(2), 1-9. <https://doi.org/10.4314/thrb.v16i2.6>

Swere, K. M. R. (2016). Challenges hindering the accessibility of Tanzania's health service: A literature review. *International Journal of Economics and Finance*, 8(8), 242-245.

Zeithaml, V. A., Berry, L. L., & Parasuraman, A. (1996). The behavioral consequences of service quality. *Journal of Marketing*, 60(2), 31-46. <https://doi.org/10.1177/002224299606000203>

How to Cite This Article

Tandika, E. L. (2023). Patients' perceptions of quality health services delivery in Tanzania: Engendering gaps for policy action. *Journal of Healthcare Administration*, 2(2), 161-175. <https://doi.org/10.33546/joha.2948>